HALLMARK # 1-1 – ENGAGED STUDENTS
Students are excited about learning and exhibit a spirit of inquiry as well as a commitment to lifelong learning.

Indicators

• To what extent do students appraise evidence and use the information discovered to contribute to class and clinical discussions?
• In what ways do students brainstorm together about concepts such as those presented in class and introduced in various references and clinical experiences?
• To what extent do students question if current clinical practices (e.g., approaches to patient care, the way communication occurs on clinical units, existing policies) are based on research and evidence?
• Do students ask "What if" questions?
• In what ways do students demonstrate enthusiasm about continued learning and professional development?

HALLMARK # 1-2 – ENGAGED STUDENTS
Students are committed to innovation, continuous quality/performance improvement, and excellence.

Indicators

• To what extent do students respond to critical/constructive feedback and then use that feedback to make improvements in their performance?
• In what ways are students open to trying new things?
• In what ways are students stimulated in their learning when innovative teaching strategies are integrated into the classroom, lab, and/or clinical setting?
• In what ways do students reflect on their own performance and experiences in order to be proactive in implementing improved performance?
• In what ways do students observe for areas of quality improvement within systems and suggest appropriate solutions?
• In what ways are students incorporating technology to make improvements in their performance?
HALLMARK # 1-3 – ENGAGED STUDENTS
Students are committed to the professional nursing role including advancement in leadership, scholarship, and mentoring.

Indicators

- In what ways do students express anticipatory excitement about professional identity formation, continuing their education, pursuing graduate study, assuming leadership roles in their employment settings and in the profession, serving as mentors, and becoming actively involved in professional associations? How do they express excitement about the contributions they hope to make to the nursing profession?
- In what ways do students propose a realistic short- and long-term career trajectory for themselves?
- To what extent do students collaborate with others to create environments that are civil, inclusive, respectful, and promote excellence?
- In what ways do students provide evidence of seeing themselves as being responsible for advancing the profession of nursing?

HALLMARK # 2-1 – DIVERSE, WELL-PREPARED FACULTY
The faculty complement is comprised of diverse individuals who are leaders and/or have expertise in clinical practice, education, interprofessional collaboration, and research/scholarship consistent with the parent institution's mission and vision.

Indicators

- To what extent do the faculty complement reflect diversity, including but not limited to race, ethnicity, gender, and educational background?
- To what extent do hiring practices help to create a faculty complement that reflects expertise in education, clinical practice, interprofessional collaboration, and/or research/scholarship?
- To what extent do faculty members’ job responsibility statements specifically address the expert behaviors required for the roles of educator, clinician, and researcher/scholar?

HALLMARK # 2-2 – DIVERSE, WELL-PREPARED FACULTY
The unique contributions of each faculty member in teaching, service, research/scholarship, and practice that facilitate achievement of the program’s mission and goals are valued, rewarded, and recognized.

Indicators

- To what extent are the unique contributions of faculty members with varied areas of expertise valued, rewarded, and recognized?
  - Expertise in education
  - Expertise in clinical practice
  - Expertise in research/scholarship
  - Expertise in interprofessional collaboration
  - Expertise in administration and/or management
HALLMARK # 2-3 – DIVERSE, WELL-PREPARED FACULTY
Faculty members are accountable for promoting excellence, creating civil and inclusive environments, and providing leadership in their area(s) of expertise.

Indicators

- How are faculty members expected to demonstrate expertise and promote diversity?
- How do expert faculty members provide leadership and mentoring to other faculty members regarding their area(s) of expertise?
- In what ways are faculty members held accountable to fulfill expectations related to diversity, excellence, and providing leadership in their area(s) of expertise?
- In what ways do faculty members actively work to promote academic integrity and sustain an environment of civility and inclusivity?
- To what extent have faculty members made a commitment to challenge traditional approaches to nursing education and implement innovative, evidence-based approaches?

HALLMARK # 2-4 – DIVERSE, WELL-PREPARED FACULTY
Faculty members model a commitment to lifelong learning, involvement in professional and community organizations, and scholarly activities.

Indicators

- To what extent do faculty members demonstrate an openness to embracing and leading change in the learning environment and acquiring needed faculty competencies to create a preferred future in nursing?
- To what extent are faculty members expected to continue learning and acquiring knowledge in their area(s) of expertise through continuing education courses, certifications, post-master’s courses, post-doctoral courses, or other formal or informal education?
- To what extent do faculty members make significant contributions to local, state, regional, national, and/or international professional organizations?
- To what extent do faculty members express excitement about a professional career in nursing when talking with students, with one another, and with others in and outside the profession?

HALLMARK # 2-5 – DIVERSE, WELL-PREPARED FACULTY
All faculty members have structured preparation for the faculty role, including competence in teaching, scholarship, and service.

Indicators

- Do all full-time, part-time, and adjunct faculty members receive an in-depth orientation to the faculty role?
- What forms of mentorship are provided to assist faculty members as they progress in their careers?
- Is an established set of faculty competencies used to prepare individuals for the faculty role and help them maintain competence or expertise in that role?
HALLMARK # 3-1 – A CULTURE OF CONTINUOUS QUALITY IMPROVEMENT

The program engages in a variety of activities that promote quality and excellence, including accreditation by national nursing accreditation bodies.

Indicators

• In what ways does the school’s strategic plan reflect findings from the continuous quality improvement process in which faculty members, students, administrators, alumni, and community partners participate?
• To what extent does the program have a process to support faculty research/scholarship; attendance at local, national, and international conferences; and faculty development events.
• Does each program seek and maintain national nursing accreditation?
• To what extent are accreditation standards used to guide program evaluation and develop a culture of continuous quality improvement of the nursing program?

HALLMARK # 3-2 – A CULTURE OF CONTINUOUS QUALITY IMPROVEMENT

Program design, implementation, and evaluation are continuously reviewed and revised to achieve and maintain excellence.

Indicators

• Is there a mechanism in place for continuous review of program design, implementation, and evaluation?
• In what ways are curricular revisions made that allow the program to keep current with changes and trends in health care, health care economics, health care delivery systems, education, national standards and competencies, societal norms, and expectations of nurses?
• In what ways are faculty members, along with administrators, engaged in discussion about quality improvement as part of their role within the organization?
• To what extent are program revisions based on findings from the continuous review of program design, implementation, and evaluation?
• To what extent do faculty members and students systematically evaluate the impact of innovative teaching strategies and curriculum approaches on (a) student learning outcomes, student satisfaction, and other student-centered outcomes; and (b) faculty satisfaction, scholarship, and professional growth?

HALLMARK # 4-1 – INNOVATIVE, EVIDENCE-BASED CURRICULUM

The curriculum is designed to help students achieve stated program outcomes, reflects current societal and health care trends and issues, and is responsive to change and evolving societal needs. The curriculum also embeds evidence-based information, reflects research findings and innovative practices, attends to the evolving role of the nurse in a variety of settings, is flexible and innovative, and incorporates local, national, and global perspectives.

Indicators

• What opportunities are available for students to take courses in a sequence that makes sense to them or allows them to pursue study in areas in which they have learning needs?
• To what extent is the curriculum offered in flexible formats (e.g., part-time/full-time, day/evening, online/face-to-face/hybrid) to meet the individualized needs of students?
• To what extent is the curriculum flexible, allowing faculty members to address new issues, new knowledge and scientific developments, emerging technology resources, and current trends and changing policies, without having to wait for a major curriculum revision?
• What opportunities exist for students in all programs to participate in collaborative interprofessional practice?
• To what extent are students exposed to the role of the nurse in nontraditional, as well as traditional settings?
• What opportunities exist for students to take electives or to choose course assignments or activities that match their interests and individual learning goals?
• To what extent can faculty members, students, and alumni identify the features of the program that are truly innovative and serve to distinguish it from other programs?
• To what extent have faculty members used innovative approaches in the design and implementation of the course(s) for which they are responsible?
• In what ways is the curriculum regularly reviewed – with input from faculty members, students, and external stakeholders – and refined/revised as needed to incorporate current societal and health care trends and issues, research findings, innovative practices, and local as well as national and global perspectives?

**HALLMARK # 4-2 – INNOVATIVE, EVIDENCE-BASED CURRICULUM**

The curriculum provides learning activities that enhance students’ abilities to think critically, reflect thoughtfully, and provide culturally sensitive, evidence-based nursing care to diverse populations.

**Indicators**

• What kinds of immersion-like learning experiences with individuals from cultures other than their own are designed for all students?
• What opportunities do students have to interact with patients/families, health care providers, faculty members, and peers who are diverse in terms of their culture, lifestyles, beliefs, and/or other characteristics?
• How do faculty members draw on learning experiences to enhance students’ abilities to be culturally sensitive in the care they provide?
• To what extent do students consider and address social determinants of health when planning and providing care?
• How do faculty members help students heighten their awareness of their own values, unconscious biases, and stereotyping, particularly as they relate to inclusion, equity, and diversity?
• How are faculty members prepared to teach diverse student populations from a culturally sensitive, evidence-based perspective?
• To what extent does the curriculum align with the nursing program’s and parent institution’s vision, mission, and shared values of diversity, equity, inclusion, and civility?
HALLMARK # 4-3 – INNOVATIVE, EVIDENCE-BASED CURRICULUM

The curriculum emphasizes students’ values development, identity formation, caring for self, commitment to lifelong learning, critical thinking, ethical and evidence-based practice, and creativity.

Indicators

• How much attention is paid throughout the curriculum to self-reflection, values clarification, analysis of what it means to be a nurse in the 21st century, and developing and living one’s commitments to the profession, lifelong learning, career development, and similar or related factors?
• To what extent are students allowed and encouraged to be creative?
• How do faculty members respond to student diversity, students’ unique approaches to doing assignments, and the individualized ways students learn, think, and set priorities?
• What learning activities are planned throughout the curriculum to help students develop role transition skills?
• In what ways do faculty members attend to and promote students’ wellbeing?

HALLMARK # 4-4 – INNOVATIVE, EVIDENCE-BASED CURRICULUM

The curriculum provides learning experiences that prepare graduates to assume roles that are essential to quality nursing practice, including but not limited to roles of care provider, advocate for those in need, teacher, communicator, change agent, care coordinator, member of intra- and interprofessional teams, user of information technology, collaborator, decision-maker, leader, and evolving scholar.

Indicators

• What learning experiences give students the opportunity to develop competence and confidence in their ability to advocate for patients and families, teach individuals and groups about health care, serve as members and leaders of teams, facilitate change, manage conflict, and make decisions that affect their own wellbeing and the health of the patients and families for whom they care?
• What opportunities are provided to help students develop as leaders who can envision a preferred future and work collaboratively with others to facilitate change that makes the vision a reality?
• To what extent do students engage in scholarly activities – on their own, in collaboration with fellow students, or as part of faculty members’ scholarly endeavors?
• How are students helped to develop confidence in their ability to use technological resources?
• How are students helped to find, judge, and use information, as well as manage large amounts of information?
• How do faculty members help students develop their writing skills, ability to speak to groups, ability to argue convincingly (or present a civil counter-argument), ability to listen effectively, ability to use social media effectively and appropriately, and other effective communication skills?
• To what extent do faculty members refer students to institutional resources (e.g., writing center, counseling center) as needed to support their development?
HALLMARK # 4-5 – INNOVATIVE, EVIDENCE-BASED CURRICULUM
The curriculum provides learning experiences that support evidence-based practice, interprofessional approaches to care, student achievement of clinical competence, and, as appropriate, competence in a specialty role.

Indicators

• To what extent do experiential (clinical, laboratory, and simulation) experiences help students develop their ability to provide culturally competent, evidence-based care to patients, families, and communities experiencing a wide range of health problems?
• What learning activities are designed to help graduate students develop competence in the full scope of their new role (e.g., advanced practitioner, educator, administrator, consultant, researcher), as members and leaders of intra- and interprofessional teams, and as professionals whose services (e.g., primary care, public health, teaching, curriculum development) are evidence based?

HALLMARK # 5-1 – INNOVATIVE, EVIDENCE-BASED APPROACHES TO FACILITATE AND EVALUATE LEARNING
Strategies used to facilitate and evaluate learning by a diverse student population are innovative and varied.

Indicators

• To what extent are strategies to facilitate learning varied to meet the needs of diverse student populations?
• To what extent are strategies to facilitate learning aligned with student and program learning outcomes?
• In what ways are emerging trends in teaching and learning (e.g., online learning, self-directed study, technology, simulation) used by faculty members to facilitate and evaluate learning?
• In what ways do faculty members appraise evidence that supports their selection of strategies to facilitate and evaluate learning?

HALLMARK # 5-2 – INNOVATIVE, EVIDENCE-BASED APPROACHES TO FACILITATE AND EVALUATE LEARNING
Faculty members engage in collegial dialogue and interact with students and colleagues in nursing and other professions to promote and develop strategies to facilitate and evaluate learning.

Indicators

• In what ways are informal, open forum opportunities in place where faculty members, students, and clinical partners discuss and evaluate the effectiveness of current strategies to facilitate and evaluate learning?
• To what extent are student evaluations of teaching and peer review findings used to stimulate dialogue about the nature of excellence and innovation in nursing education?
• In what ways are regular discussions among faculty members about strategies to facilitate and evaluate learning incorporated into courses?
Indicators

- To what extent do faculty members use evidence from nursing and other disciplines to design strategies to facilitate and evaluate learning?
- To what extent do faculty members systematically document the effectiveness of strategies used to facilitate and evaluate learning in an effort to develop evidence that underlies teaching practices?

Indicators

- What are the criteria used to determine the agencies/organizations with which the nursing program will partner?
- How are partners engaged with faculty members and students to achieve excellence in the nursing program?

Indicators

- How are faculty members and students prepared for/supported in the use of technology to facilitate and evaluate learning?
- What commitment has the nursing program made to integrate the use of technology throughout the program?
- To what extent is informatics integrated throughout the program to ensure that students are prepared for the current technology-driven practice world?

Indicators

- To what extent do students report that the recruitment and admission process was a welcoming one that acknowledged their unique needs?
- To what extent do students express comfort about seeking out and using the student services that are available to them?
- To what extent do students report satisfaction with the extent of support they receive throughout the program, at graduation, and in relation to entering a new career?
HALLMARK # 6-4 – RESOURCES TO SUPPORT PROGRAM GOAL ATTAINMENT

Financial resources are available to support initiatives that enhance faculty competence, student success, innovation, and scholarly endeavors.

**Indicators**

- To what extent do financial resources support visionary, long-range planning and creative initiatives?
- To what extent do financial resources support faculty development and certification as a nurse educator?
- To what extent do financial resources support continuous quality improvement of the program?
- To what extent do resources available to faculty members, students, and administrators support efforts to be innovative, continually develop as members of the nursing profession and the academic community, and enact needed change?
- In what ways does the institution provide resources to support faculty scholarly endeavors such as grant writing, publications, and presentations at regional and national conferences?
- What administrative and financial support is available for faculty members to be innovative and evidence based in their approach to teaching and learning as well as in their approach to the design, implementation and evaluation of the curriculum?
- How do faculty members’ workloads support their efforts to create a preferred future for nursing education, nursing practice, or nursing research?

HALLMARK # 7-1 – COMMITMENT TO PEDAGOGICAL SCHOLARSHIP

Faculty members and students contribute to the development of the science of nursing education through the critique, use, dissemination, and/or conduct of various forms of scholarly endeavors.

**Indicators**

- To what extent do faculty members and students at all levels discuss research findings related to teaching and learning?
- In what ways do faculty members promote scholarly inquiry related to nursing education by students and colleagues?
- In what ways are faculty members and students involved in scholarly endeavors related to teaching and learning that contribute to the development of the art and science of nursing education?

HALLMARK # 7-2 – COMMITMENT TO PEDAGOGICAL SCHOLARSHIP

Faculty members and students explore the influence of student learning experiences on the health of the individuals and populations they serve in various health care settings.

**Indicators**

- What strategies are used to systematically document the extent to which student learning experiences affect health care outcomes for the populations they serve?
- To what extent do leaders in partner health care facilities report improved patient care outcomes or more effective nursing practices in areas where students have extended learning experiences?
• To what extent do student learning experiences influence nursing practice and/or health care policies?
• To what extent does the nursing program attend to improving the health of selected populations through teaching and learning activities as strategic plans and annual program goals are formulated?

**HALLMARK # 8-1 – EFFECTIVE INSTITUTIONAL AND PROFESSIONAL LEADERSHIP**
Faculty members, administrators, and students provide the leadership needed to ensure that the culture of the school promotes excellence and a healthy work environment characterized by collegial dialogue, innovation, change, creativity, values development, and ethical behavior.

**Indicators**

• To what extent do faculty members, administrators, students, and clinical partners engage in collegial dialogue about what constitutes a positive teaching/learning environment and the roles of faculty members and students in creating such an environment?
• To what extent do faculty members, administrators, students, and clinical partners collaborate to create learning environments that empower a diverse student population, promote creativity and innovation, and prepare graduates for today’s uncertain, constantly changing health care environment?
• To what extent is the environment in which faculty members, administrators, students, and staff work safe, civil, and collegial?

**HALLMARK # 8-2 – EFFECTIVE INSTITUTIONAL AND PROFESSIONAL LEADERSHIP**
Faculty members, administrators, students, and alumni are respected as leaders in the parent institution, as well as in local, state, regional, national, and/or international communities.

**Indicators**

• To what extent do faculty members and administrators hold influential positions on institutional committees, task forces, policy-making groups, or other similar bodies?
• To what extent do students hold influential positions on program or institutional committees, task forces, or other similar bodies?
• How many faculty members, administrators, and alumni are appointed to, invited to serve on, or elected to respected boards, institutes, or other similar bodies (e.g., Presidential Committee on Aging, National Academy of Sciences [formerly IOM], health care partner boards or committees)?
• How frequently do students bring resolutions to the National Student Nurses Association (NSNA) or proposals to the nursing program or institution that will influence change?

**HALLMARK # 8-3 – EFFECTIVE INSTITUTIONAL AND PROFESSIONAL LEADERSHIP**
Faculty members, administrators, students, and alumni are prepared for and assume leadership roles that advance quality nursing care; promote positive change, innovation, and excellence; and enhance the impact of the nursing profession.

**Indicators**

• To what extent do faculty members, administrators, or alumni serve on committees or boards of health care partner institutions or other groups/organizations that address quality and nursing care issues?
• What awards or honors do faculty members, administrators, students, or alumni receive in recognition of their contributions to the institution, profession, local community, or health care?
• To what extent do the curriculum and faculty development activities focus on the development of leadership knowledge and skills?
• To what extent do faculty members, administrators, and student leaders mentor and help develop future leaders?
• What elements of the program ensure faculty members, administrators, students, and alumni are prepared to and do shape a new reality for nursing and nursing education?
• To what extent do faculty members, administrators, students, and clinical partners engage in discussions about what kind of future they envision for nursing and nursing education?